

Nursing Excellence

2011 Nursing Annual Report

VA Nebraska-Western Iowa
Health Care System



DEFINING EXCELLENCE IN THE 21ST CENTURY

ex•cel•lence [ek-suh-luh'ns], *n.*, **1.** the fact or state of excelling; superiority; eminence.
2. an excellent quality or feature. **3. VA Nebraska-Western Iowa Health Care System**
—Syn. **1.** preeminence. **2.** merit, virtue.

Cover: Daphne Spony-Leybold RN, BSN at the Lincoln CBOC poses with a patient during his outpatient appointment.

Editorial Staff:

Marcilee Albert, APRN-CNS, BC, MSN; Becky Brown, Design; Valerie Cook, RN, MSN; Pat Moffatt, RN, MPA; Ellen Piskac, RN, CNE, EdD, Bruce Thiel, Photography

It has been a year full of outstanding accomplishments by NWHCS nurses!

NWHCS nurses have made significant contributions to care in an ever changing health care system.

Our primary care model is changing. VA has committed to a system of primary care built on the framework of a patient-centered, team approach through Patient Aligned Care Teams (PACT). Personal relationships, holistic care, team work, coordination across specialties and open access are some of the major focus points of this model. Nurses across NWHCS actively created new teams, developed improvement aims and case managed care for Veterans. The PACT model has implications for the entire continuum of care. Coordination of all levels of care with PACT provides continuity and a personal connection to patients.

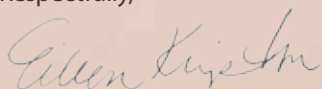
We experienced more enhancements in technology. Bed management software was implemented to assist with patient flow. Simulation technology is being used for hands-on education and to measure nursing competency. Computers have been installed in each inpatient room for closer access and proximity to care. In addition, an infrastructure for telehealth has been created to improve patient access. Nurses are caring for patients who can stay in their homes. New documentation methods have been put into place in the Intensive Care Unit (ICU) and Post Anesthesia Care Unit (PACU) that allow streamlined patient data from monitoring equipment that input into the Computerized Patient Record System (CPRS). A Virtual ICU was initiated this year to allow improvements in safety and allow nurses access to ICU specialists whenever needed.

Nurses increased the use of data and continually pushed for improvement. Nurses are using performance measure data, access data, satisfaction data, and nursing outcome data to establish targets and lead teams to test changes for improving care.

Nurses participated in designing a new hospital. Nursing participation was a critical success factor in drafting a clinic and hospital structure that will deliver state-of-the-art care in the future. Nurses worked on creating a facility that enhances collaborative work spaces, promotes teamwork and most importantly, will be patient-centered.

Although we have experienced significant changes to our health care system, we continue to focus on caring for patients. We invited Jean Watson RN, PhD to present Caring Theory in Omaha this year. We shared this message in nursing forums and learned the importance of human interactions and that we receive as much as we give, when we interact with Veterans and their families. The world of health care will continue to change but the care nurses have for patients never will.

Respectfully,



Eileen Kingston, RN, NEA-BC, BSN, MPA
Associate Director, Patient Care/Nurse Executive



What We Believe

Mission:

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Vision:

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies.

Core Values:

Integrity

Commitment

Advocacy

Respect

Excellence

Nursing Vision:

VA Nursing is a dynamic, diverse group of honored, respected and compassionate professionals. VA is the leader in the creation of an organized culture where excellence in nursing is valued as essential for quality health care to those who have served America.

Nursing Strategic Plan 2011-2012

Nursing Staff Across VA NWIHCS Provided Input into the Nursing Strategic Plan

Quality Goals Met:

- Implemented the new electronic incident reporting system, Patient Incident Report (ePIR)
- Created a unit-specific score card for acute care units and the Community Living Center (CLC)
- Restructured Integrated Ethics program with assistance of external nurse consultant
- Improved the reusable medical equipment (RME) process
- Expanded the use of simulation activities for competency demonstration to all nursing areas
- Increased nursing certification from 19 percent to 23 percent
- Continued evidenced based practices related to:
 - Fall prevention
 - Central line-associated bacteremia (CLAB) prevention
 - Catheter-associated urinary tract infection (CAUTI) prevention
 - Ventilator-associated pneumonia (VAP) prevention
 - Pressure sore prevention

Access Goals Met:

- Implemented Patient-Aligned Care Teams (PACT)
- Increased telehealth services more than 50 percent to all community-based outpatient clinics (CBOC)
- Developed and implemented protocols for telehealth services
- Trained telehealth registered nurses (RN) in Care Coordination Home Telehealth (CCHT)
- Opened O'Neill CBOC in Jan. 2011
- Remodeled Post Anesthesia Care Unit (PACU) in Omaha

Satisfaction Goals Met:

- Implemented Rep Tracks® to better track vendors in the facility
- Internationally renowned nurse theorist, Jean Watson, RN, PhD, spoke at the Omaha VA Medical Center in April 2011
- Implemented Planetree committee and subcommittees
- Increased community outreach efforts
- Strengthened Unit-Based Councils (UBC) and Shared Governance structure and functioning
- Continued on the Magnet Journey
- Successfully trialed the Lawson Nurse Scheduler package

Cost Goals Met:

- Implemented Nurse Staffing Directive
- Improved the Operating Room (OR) supply distribution and tracking

2011 Nursing Annual Report

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Nancy and Ralph Johnson write about a recent inpatient stay at the Omaha VA Medical Center. This letter was in recognition of the excellent care they received during their stay.

The overwhelming urge to write about this comes from my feelings about the VA Medical Center and the experience we had there. From the concerned tone in Dr. R.'s voice at the beginning, to the knowledge and efficiency and yet very personal and caring attitude of each and every nurse who attended Ralph, both on the sixth floor and in the ICU, to the teams of specialists who talked with us, not over us, and showed such compassion along with their knowledge.....we are confident we received medical care as good as we could have expected at the Mayo Clinic or in any other hospital we could name.

Every single person we met there, including the janitorial staff and the lady at the coffee bar, showed us kindness that was far beyond the ordinary.

The VA is not free, when the illness is not service-connected, but the charge here was less than what staying in a hotel for fifteen days would be. Needless to say, we are grateful for that, even though that part pales in comparison to the fact they saved my husband's life – and they did it with grace and style.

ADAPTED FROM NANCYSRESEARCH.BLOGSPOT.COM

A man with a beard and short dark hair, wearing blue scrubs and a black lanyard, is smiling and typing on a black keyboard. He is in a hospital or clinical setting, with a desk, various medical supplies, and a blue door visible in the background.

QUAL·I·TY

[kwol-i-tee] **noun, plural -ties, adjective** —*n*

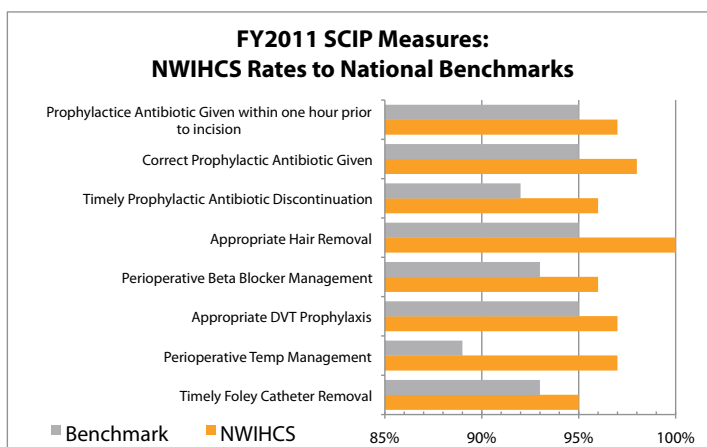
1. an essential or distinctive characteristic, property, or attribute: *the chemical qualities of alcohol.*
2. character or nature, as belonging to or distinguishing a thing: *the quality of a sound.*
3. VA Nebraska-Western Iowa Health Care System
4. character with respect to fineness, or grade of excellence: *food of poor quality; silks of fine quality.*
5. high grade; superiority; excellence: *wood grain of quality.*
6. a personality or character trait: *kindness is one of his many good qualities.*

Surgical Care Improvement Project

The Surgical Care Improvement Project (SCIP) is a national program to decrease perioperative morbidity and mortality. SCIP measures focus on interventions to prevent surgical complications. The NWI Surgical Service has met all SCIP measures since measurement began.

FY2011 SCIP measures include:

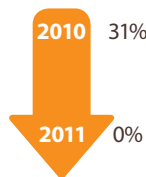
- Prophylactic antibiotic received within one-hour prior to surgical incision
- Correct prophylactic antibiotic given
- Timely discontinuation of ordered prophylactic antibiotic
- Appropriate hair removal completed for surgery
- Patients on beta blockers before admission received beta blockers during perioperative period
- Appropriate deep vein thrombosis (DVT) prophylaxis received
- Perioperative patient temperature maintained
- Timely removal of the patient's urinary catheter



NWIHCS Surgical Service exceeded all SCIP benchmark measures in 2011.

Catheter-Associated Urinary Infection Rate

Target Rate <2%



Central Line Infection Rate

Target Rate <1%

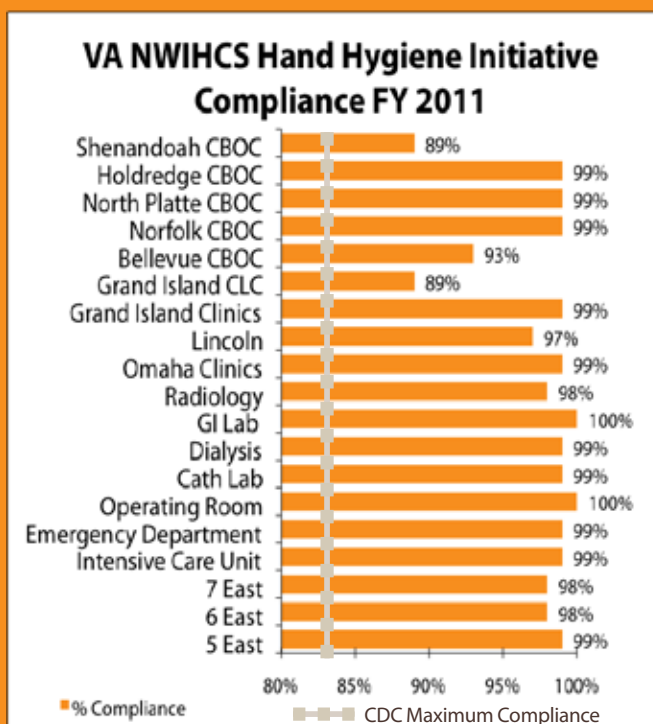


Hand Hygiene Initiative

The Hand Hygiene Initiative focuses on improving and sustaining hand hygiene compliance. Hand hygiene is critically important to safe, high-quality patient care. Preventing the spread of infection, especially in the hospital setting, is a high priority in health care. Nursing staff are leading the efforts to improve and sustain hand hygiene compliance.

VA NWIHCS' goal is to achieve and sustain at least a 90 percent hand hygiene compliance rate in all clinical areas. All clinical sites exceed the maximum compliance (82 percent) reported by the Centers for Disease Control and Prevention (CDC).

All clinical areas in NWIHCS exceeded the CDC benchmark measure for hand hygiene in 2011.



Safe Patient Handling Program

The VA NWIHCS Safe Patient Handling (SPH) Program began in 2008 and has grown considerably. The main focus of the program is to ensure the safety of patients and staff during transfers, repositioning and lifting.



Top: Yvonne Howland, NA; Christopher Tye, NA and Trisha Jergenson, Sonographer demonstrate a portable lift on Corey Ritchie, RN.



Left: Mary Belt, NA and Deb O'Reilly, RN practice using a portable lift.

Right: Mary Jo Bade, RN, MSN; and Jennie Stack, RN use friction-reducing sheets.

In addition to overhead ceiling lifts, other assistive devices are now available. These include:

- Portable and sit-to-stand lifts
- Air assisted lateral transfer devices
- Hoverjacks® to pick someone up off the floor
- New technology roll boards and friction-reducing sheets
- A variety of items that attach to lifts

All of these items help to ensure patient safety and reduce injury to staff during patient handling activities.

Sixty NWIHCS Safe Patient Handling (SPH) Unit Peer Leaders are specially trained to champion the SPH cause. The Unit Peer Leaders provide education and guidance on SPH equipment, identification high-risk patient handling activities, assistance with ergonomic assessments, and ensuring SPH equipment is in good working order.

The SPH Program reduced lifting and repositioning injuries by 61 percent, which exceeded the national average of 30 percent reduction.

NWIHCS was recognized as having one of the leading SPH Programs in the nation and has the highest Operational Performance Score in VISN 23. Lifting equipment can be found in other facilities but not in the quantity, variety, or availability at NWIHCS.

Grand Island has 65 lifts:

- Lifts above every CLC bed
- Five lifts in outpatient clinics rooms
- Three lifts in the Radiology Department
- Lifts in the Physical Therapy Outpatient Clinic

Lincoln has nine lifts:

- Two lifts in the outpatient clinics
- Two lifts in Radiology
- Three lifts in the Dental Clinic rooms
- One in the ambulance bay
- One in a treatment room

Omaha has 126 lifts:

- In every inpatient room
- Ten lifts in the Radiology Department
- One lift in every Emergency Department trauma bay
- One lift in the ambulance bay
- Twelve lifts in the outpatient clinic rooms
- Eleven lifts in the PACU
- Several lifts in pre-op areas and one in the OR suite
- One lift in the outpatient Physical Therapy Department
- One lift in the Medical Evaluation Unit
- Three lifts in the Gastrointestinal (GI) Lab
- Three lifts in the nuclear medicine suites
- In addition, portable lifts have been provided to the areas that could not structurally support an overhead lift



Fall Prevention Program

A Multidisciplinary Approach to Improve Veteran Safety

Committed to the safety of Veterans, the VA NWIHCS Falls Prevention Team continually strives to reduce the number and severity of falls. Rapid Process Improvement Workgroups were convened in Omaha and Grand Island in 2010.

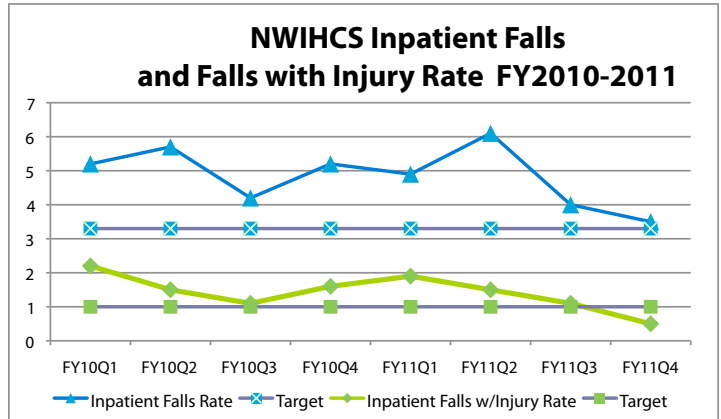
As a result of these workgroups, the following recommendations were implemented in Omaha in 2011:

- Use of yellow arm band or yellow non-skid socks for identifying Veterans at risk for falling.
- Implementation of chair alarms that alert caregivers a Veteran may be moving about and in need of assistance to prevent a fall.
- Creation of a fall prevention video that is shown at new employee orientation.
- Development of a Veteran safety agreement to educate Veterans and their families about fall risk.
- Creation of a pop-up alert in the Computerized Patient Records System (CPRS) to notify caregivers of the date of a Veteran fall.
- Development of education pamphlets to promote Veteran safety and are included in every admission packet.
- Conduction of a pilot study of Care and Comfort Rounding on 7 East.

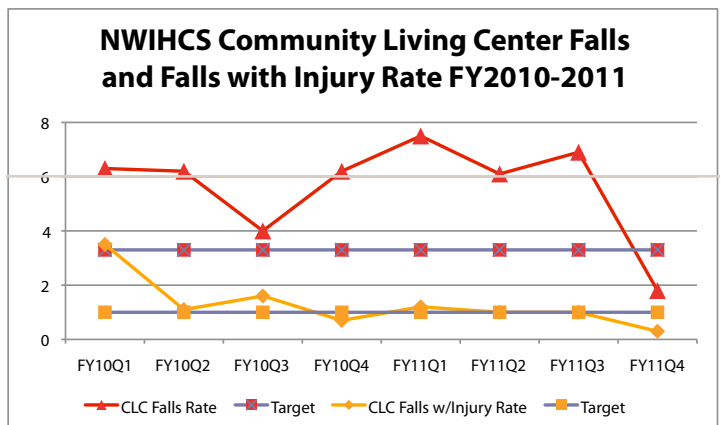
The following recommendations were implemented at the Grand Island Community Living Center:

- Implementation of white boards in each Veteran room to increase awareness of fall risk.
- Coordination of therapies with rehab specialists to work with Veterans on maximizing activities of daily living (ADL) to improve muscle conditioning and overall strength, balance and coordination.
- Implementation of a new nursing communication tool regarding Veterans who are at a high risk for falling.

The Fall Prevention Committee continues to incorporate evidence-based practice improvements into plans for FY12.



The NWIHCS Fall Committee is working to reduce the inpatient falls rate and falls rate with injury to below national target levels.



The NWIHCS Fall Committee is working to reduce the CLC falls rate and falls rate with injury to below national target levels.

“The nurses are to be applauded. With so many patients with so many different needs, and the time schedule for all of us being different. They still made sure to take care of each of us like we were the only ones they had.”

-Veteran Comment About Grand Island's CLC Nurses

Wound/Ostomy Service

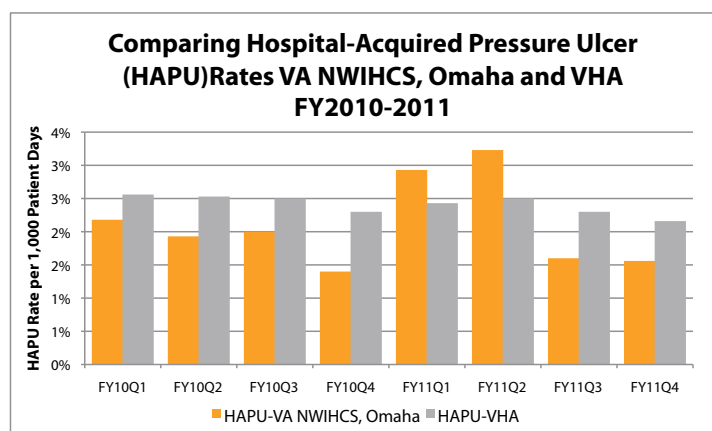
The Wound/Ostomy Service continues to work to improve services to Veterans with wound and ostomy needs.

Accomplishments during FY11 include:

- Collaborating with staff to ensure the completion of the initial VA National Outcomes Database (VANOD) skin assessment note at the time of admission. An ongoing review of staff notes reflect more descriptive and accurate charting of skin conditions with appropriate interventions taken.
- Educating all new and existing RN staff on use of the Braden Scale.
- Staffing wound clinic three mornings each week.
- Working with ostomy patients throughout the continuum of care.
- Becoming a major referral center for many complicated surgeries within the Urologic and Oncologic services.
- Collaborating with Social Work and RN discharge planners to promote a seamless discharge process for wound/ostomy patients.
- Recruiting and training skin champions on the inpatient units and Home-Based Primary Care (HBPC) to ensure a local resource for advanced assessment, protocols and products.



Howard Phillippi, RN, BSN irrigates a wound on a patient in the Wound/Ostomy Clinic.



The NWIHCS hospital-acquired pressure ulcer rate has been below VHA national rates the majority of time over the past two years.

Care and Comfort Rounding

Falls cost more than \$20 billion a year.

A fall can cost the patient in many ways by increasing the length of hospital stay, increasing number of injuries or co-morbidities resulting in rehabilitation or skilled nursing facility or limited mobility and emotional distress.

Research has shown nursing care can decrease the risk of falls by performing specific tasks when in contact with the patient. The Falls Committee and Nursing Performance Improvement Council have been working on a universal system to implement Care and Comfort Rounding on the inpatient units. As a team we are striving to reduce inpatient falls.



Denise Duncan, RN (left) and Roxanna Perkins, NA talk to a patient about his plan of care.

NWIHCS Mock Code Blues

Utilizing High Fidelity Simulation Manikin

The Cardiopulmonary Review Committee (CRC), primarily staffed with NWIHCS registered nurses, took a proactive hands-on approach to help roll-out the new 2010 American Heart Association (AHA) Advanced Cardiac Life Support (ACLS) guidelines for health care providers.

The CRC team utilized a high fidelity simulator manikin, SimMan 3G, as the method for analyzing medical knowledge and other factors affecting delivery of adequate care in cardiopulmonary arrests. This simulation method allows errors to evolve from initiation to conclusion of a mock code. The manikin provides participants real-time feedback on their performance.

Included within the new guidelines was a new requirement of post-resuscitation debriefing for the code team members. To this end, the CRC developed and facilitated multiple mock “code blue” drills throughout the hospital and Dental Clinic. This was a collaborative effort with the NWIHCS emergency manager to test policies and procedures as well as community response times for the Dental Clinic. Utilizing the new debriefing form, the sessions were completed after each drill. Staff in each area identified all the strengths and opportunities to improve their performance.



As a result of comments made by staff who attended the mock “code blue” activities, the following evidence-based changes have been made:

- Placement of laminated ACLS algorithm cards in all crash carts
- Education of staff to always place a backboard under the patient for improved chest compressions. Since education was completed, all codes since have included proper placement of the backboard.
- Frequent change of the person performing chest compressions
- More frequent crash cart reviews

Above Left: Stephanie Brennan, RN, BSN practices her skills on a manikin during a mock code blue. Shannon Chesire, RN, BSN (left) checks vital signs on the high fidelity simulator manikin, SimMan 3G during competency training.

Nursing Performance Measures

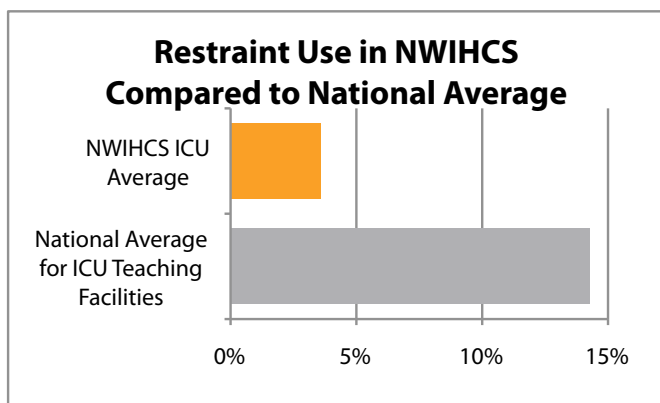
American Nurses Association (ANA) nursing standards-of-care require systematic evaluation of the quality and effectiveness of nursing practice. Quality indicators are measures of health care quality. Decreases in quality indicators should result in changes in nursing practice. VA NWIHCS is within the top quartile of VA in meeting indicators for quality. Nurses lead improvement groups to implement new screening processes, address patient education needs, and implement innovative processes for patient access.



Alice Renken, RN; Kelly Dunning, RN, BSN; Barb Dilworth, RN, BSN; Michelle Shields, RN, BSN and D'Layna Brenning, RN, BSN in the newly remodeled PACU.

Process of Care Measures	VA NWIHCS, Omaha	Alegent Health, Lakeside Hospital	Alegent Health, Bergan Mercy Medical Center	Alegent Health, Immanuel Medical Center	Creighton University Medical Center	The Nebraska Medical Center	Bellevue Medical Center	Nebraska Methodist Hospital	Bryan LGH	Saint Elizabeth Regional Medical Center
Surgery patients taking beta blockers preop, who were kept on beta blockers postop	97%	99%	97%	100%	95%	86%	100%	NA	95%	86%
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to prevent infection	98%	100%	97%	99%	99%	95%	94%	95%	98%	97%
Surgery patients who were given the right kind of antibiotic	99%	100%	98%	99%	98%	99%	94%	97%	97%	98%
Surgery patients whose preventive antibiotics were stopped within 24 hrs after surgery	92%	99%	97%	95%	96%	97%	89%	96%	91%	96%
Surgery patients who had hair removed using a safer method	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%
Surgery patients whose urinary catheters were removed on the first or second day postop	94%	98%	94%	99%	89%	85%	100%	89%	69%	76%
Surgery patients whose doctors ordered prophylactic DVT treatment	97%	95%	97%	100%	97%	93%	90%	98%	94%	85%
Surgery patients who got prophylactic DVT treatment at the right time	95%	94%	97%	99%	95%	91%	90%	96%	93%	78%
Pneumonia patients assessed and given pneumococcal vaccination	98%	99%	98%	99%	100%	84%	100%	95%	99%	89%
Pneumonia patients whose initial ER blood culture was performed prior to the administration of the first dose of antibiotics	100%	100%	99%	98%	99%	96%	100%	96%	97%	97%
Pneumonia patients given smoking cessation advice/counseling	100%	100%	100%	100%	100%	98%	100%	90%	98%	100%
Pneumonia patients given initial antibiotics within six hours after arrival	93%	100%	98%	99%	96%	95%	89%	92%	98%	98%
Pneumonia patients given the most appropriate initial antibiotic	100%	97%	98%	100%	95%	89%	100%	73%	95%	97%
Pneumonia patients assessed and given Influenza vaccination	93%	100%	93%	98%	94%	84%	100%	95%	100%	94%
Heart failure patients given discharge instructions	96%	94%	94%	98%	94%	94%	100%	100%	94%	72%
Heart failure patient given an evaluation of LVS function	100%	100%	100%	100%	100%	100%	100%	99%	100%	97%
Heart failure patients given ACE Inhibitor or ARB for LVSD	97%	100%	97%	100%	98%	91%	100%	100%	99%	77%
Heart failure patients given smoking cessation advice/counseling	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Restraint Use



The inpatient medical-surgical units have been restraint-free during each point prevalence survey during FY 2011



Dorothy Quartey, RN works in the Intensive Care Unit in Omaha.

Intensive Care Unit

The Intensive Care Unit (ICU) has seen significant changes this past year designed to improve the safety and quality of Veterans' care.



Tele-ICU

Tele-ICU implementation allows for the remote monitoring of patients from another location. Cameras and monitors were installed in each ICU room, and on August 4, 2011, Omaha went live with tele-ICU.

The central monitoring station located in Minneapolis, is staffed by nurses around the clock and by a board-certified intensivist physician at night. This remote observation enhances patient safety at NWHCS. It gives NWHCS ICU nursing staff and physicians another resource to use in making patient care decisions. All ICUs in VISN 23 eventually will be connected with tele-ICU, making VISN 23 the first region in the VA system to have this technology.

Aquapheresis

Aquapheresis is a therapy used in the treatment of congestive heart failure (CHF) in patients who do not respond well to conventional therapies. The treatment removes excess fluid at a prescribed rate. This reduces or eliminates the need for diuretics. The goal of the therapy is to reduce the overall length of stay and readmissions of CHF patients. ICU nurses received extensive education on this new technology.

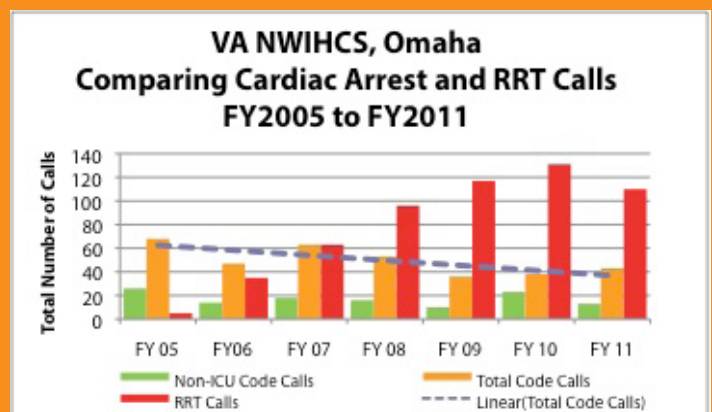
Top Photo: Sue Needham, RN; Andrea Fort, RN, BSN; Denée Killion, RN, BSN; Darren Parks, RN, BSN are nurses in the ICU.

Bottom Photo: Angela Anderson, RN, BSN completes charting in the ICU.

Rapid Response Team

The Omaha Rapid Response Team (RRT) is a group of clinicians who, when called, bring their clinical expertise to the bedside of a Veteran who is showing signs of physical deterioration. The overall purpose of this team's efforts is to intervene early in this physical decline in order to provide treatment and prevent a critical event from occurring.

Since its initiation in May 2005, the Omaha RRT has fielded 557 calls and achieved a significant reduction in cardiac arrest calls.





Karen Cooper, LPN in Grand Island, communicates with Lindsay Heilman, Physician Assistant in Omaha via telehealth technology. Telehealth has expanded in all of NWIHCs to decrease the distance patients have to travel to receive select specialty services.

AC·CES·SI·BLE

[ak-ses-uh-buhl] *adjective*

1. easy to approach, reach, enter, speak with, or use.
2. that can be used, entered, reached, etc.:
an accessible road; accessible ruins.
3. VA Nebraska-Western Iowa Health Care System
4. obtainable; attainable: *accessible evidence.*

Home Based Primary Care in Grand Island and North Platte

2011 was a time of growth and development for the Home Based Primary Care (HBPC) teams of Grand Island and North Platte.

2011 Highlights:

- Staff successfully completed competencies for home telehealth.
- Nurse Practitioners Renee Sullivan and Phyllis Gundersen were selected and successfully completed the Geriatric Scholars Program
- Community outreach events educated local communities about the HBPC program as well as other new programs at NWHCS.
- Patient admission process and the interdisciplinary team process were redesigned.
- A standardized screening process for cognitive impairment was implemented.
- Standardized screening for functional status by Occupational Therapists was implemented.



Veterans use Care Coordination Home Telehealth (CCHT) to relay vital signs to nurses in clinics.

The HBPC team is currently working on Mobile Electronic Documentation (MED). This program will allow HBPC team members to document patient care while in the patient home and allow for access to current lab and test results as well as medication listings. In 2012, the HBPC team looks forward to bringing the Medical Foster Home Program to Grand Island.

“The nurses are to be applauded. With so many patients with so many different needs, and the time schedule for all of us being different. They still made sure to take care of each of us like we were the only ones they had.”

-Veteran Comment in a Thank You Note

Medical Foster Home

The Medical Foster Home (MFH) program placed its first Veteran.

This alternative arrangement places Veterans with complex medical needs in a family-like environment. While many homes and caregivers undergo initial scrutiny only a few are selected to fulfill this vital need for Veterans. Much preparatory work is done to meet the needs of these Veterans while assuring federal and state regulations compliance.

Our Veterans continually express their desire to obtain appropriate medical care in community settings. The focus of HBPC and related programs fosters this choice and offers a contemporary placement alternative.



The Medical Foster Home Inspection Team, from left: Seth Burmeister; Janelle Cook, OT; Kimberly Labedz, RN, MSN; Becky Ross, Dietician; Amy Rosauer, MFH Program Coordinator and Andy Englund, Safety.

Community Living Center

CLC nurses go the extra mile to improve the quality of life for Veterans.

With an average daily consensus of 61 Veterans, the CLC staff continually strive to provide a more home-like environment to Veterans who need nursing care. From placement of peripherally inserted central catheters (PICC) for long-term intravenous medication administration to implementing the latest evidence-based practices in pressure ulcer prevention, the nursing staff meet these challenges.

The hospice unit, located in the CLC, continues to provide end-of-life care. The Palliative Care team focuses on physical, social, emotional and spiritual comfort of the Veteran and their family members.

In April the Palliative Care team had an on-site Palliative Care Leadership Center (PCLC) Refresher Course. This intense day long training assisted members in completing a self-assessment of team functions and strategies to improve both those functions and program performance.

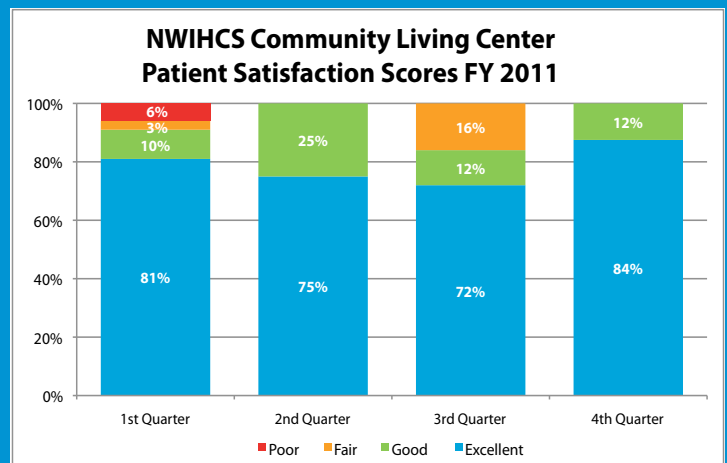


Top Photo: Veronica Spreng, RN takes vital signs on a patient in Grand Island.

Bottom Photo: Vivienne Johnson, NA tends to a resident at the CLC in Grand Island.

“The best care I have ever received, from the doctors, nursing staff, lab techs, housekeeping, laundry, and dining staff.”

-Veteran Comment from CLC Follow-up Call



Patient Aligned Care Teams

Nebraska-Western Iowa Health Care System Implements Patient Aligned Care Teams (PACT).

The PACT initiative supports VHA's Universal Health Care Services Plan to redesign health care delivery through increasing access, coordination, communication and continuity of care. PACT provides accessible, coordinated, comprehensive, patient-centered care and is managed by primary care providers with the active involvement of other clinical and non-clinical staff.

A key member of the core team is the nurse case manager who works in collaboration with the primary care provider and social worker. PACT allows patients to have a more active role in their health care and is associated with increased quality, patient satisfaction and a decrease in hospital costs due to fewer hospital visits and readmissions.

Video technology and measuring devices collect information about symptoms and vital signs from the comfort of a Veteran's residence, and relay it to the PACT.

A nurse case manager is the point of contact for a patient using a home telehealth device. Nurse case managers are able to link with the physician to arrange treatment changes, set-up clinic appointments or arrange hospital admissions—whatever is necessary to ensure Veterans get the right treatment, in the right place, at the right time.



Front: Janice Anderson RN, Sherry Whitney RN, Marsha Gilsdorf LPN

Second: Cay Tiernan RN, Stefano Brooks LPN, Dr. Whittier

Third: Bruce Wagner PA, Sandy George RN

Fourth: Jim Childers clerk, Chad Bartholomew Pharm D

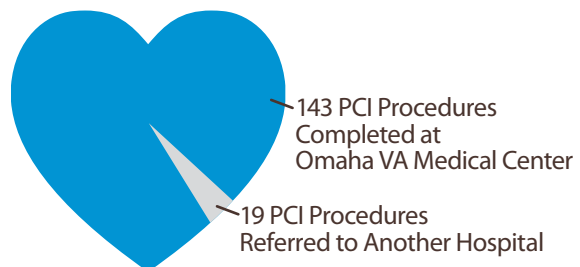
Cardiology

The Cardiac Cath Lab implemented a Percutaneous Coronary Interventional Program in March 2010 at the Omaha VA Medical Center.

Working collaboratively with the ICU team, the Cardiology team of doctors and nurses implemented an internal Percutaneous Coronary Interventional (PCI) program in March of 2010. The program was designed to provide services to the Veteran at NWIHCS that would normally be referred out to another facility. In March of 2011, the program successfully completed its first year. In 2011, 88 percent of all PCI procedures were completed at the Omaha VA Medical Center.

Cardiology is a highly specialized critical care area. The nursing staff in Cardiology and ICU completed education and competency demonstration to make the PCI program successful.

Total Percutaneous Coronary Interventional (PCI) Procedures Performed in FY2011



This program has demonstrated a cost savings of over \$2 million in addition to increasing patient satisfaction.

New Preoperative and PACU Areas

NWIHCS debuted its new preoperative and recovery areas September 26, 2011.

With ongoing input from frontline nursing staff, and after months in the planning and construction phases, the new areas opened without disruption in the operating room schedule or flow.

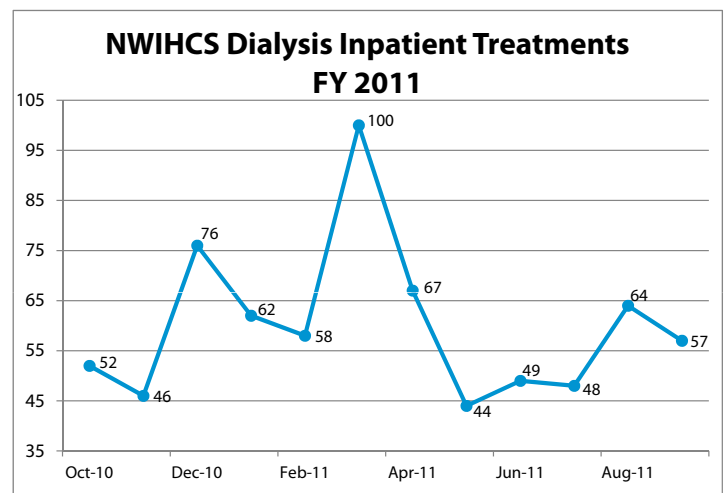
Previously consisting of only four bays in one large room, Preop now boasts eight separate rooms. The new PACU has space to recover nine patients, an increase from the previous five. Space also was created to recover isolation patients in two separate isolation rooms. The newly remodeled areas are warm, spacious and inviting to both staff and patients.



Acute Care Dialysis

The Dialysis Unit nursing staff make changes to better serve Veterans.

- Renovated space within the main hospital to allow acute dialysis treatments to occur at bedside, rather than to contract to other vendors.
- Implemented on-call schedule for emergent dialysis treatments.
- Dialysis nurses trained in Sustained Low-Efficiency Dialysis (SLED) and Sodium Citrate Anticoagulation during Sustained Low Efficiency Dialysis (Citrate SLED).



NWIHCS performed a record-breaking 100 dialysis treatments in March.

Congestive Heart Failure Readmissions

In order to reduce the number of patients who are readmitted for congestive heart failure (CHF), nurses from VA NWIHC have implemented an electronic consult to the CHF-Chronic Disease Manager (CHF-CDM) at the time of admission. The electronic consult automatically alerts the CHF-CDM of a patient admission so an immediate action for self management is initiated. Action plans are developed with the patient and family so upon discharge they know how to better manage this chronic disease.

“Mary Minturn, RN, is an excellent nurse, ensuring I receive all the care I needed. Maintaining medications to keep my pain as controlled as possible, and spending time with me to help me cope with my surgery and hospitalization.”

-Veteran Comment from Facebook

VA Unveils Updated Designs for New Omaha Medical Center

NWIHCS unveils an updated design for a new medical center at 4101 Woolworth Ave; Omaha, Nebraska.



VA NWIHCS nurses at all levels are actively participating in the design of a new, state-of-the-art health care facility in Omaha. The new facility will be approximately one million square feet with a cost estimate \$560 million. The new medical center will include inpatient units, diagnostic and treatment areas, outpatient clinics, mental health services, women's health services, research areas, a central energy plant, and two parking garages with more than 1800 spaces.

Ever mindful of evidence-based practices, the nurses are helping to design internal features to enhance and sustain a healing environment, with attention to infection control, collaborative practice, privacy, safety and family support.

The local interdisciplinary team working with architects include: Karen Uher, RN, MS; Laurel Preheim, MD; Jennifer Wagner, Char Thiessen, RD; Rachel Anschutz; Bob Yager and Nancy Gregory, FACHE.

Top Photo: Denise Cuevas; Eileen Broick, RN, CNOR, MSN; Mike Ruckman, RN; Robin Graham, MD; Architect; Architect; Len Stodden, RN, CNOR, BSN view an Operating Room mock-up for the new facility in Omaha.



Middle Photo: Suzette Rolland, Student; Tammy Bockman, RN, BSN, MHA; Emily Broekemeier, Interior Designer; Ellen Rosser, RN; Nancy Long, RN, BSN; Jean Miller, LPN; Lori Knutson-Hill, Interior Designer; Karl Samuelson, RN, BSN, MBA; and Kat Hirsch, RN, BSN view a mock-up of an inpatient room for the new facility in Omaha.



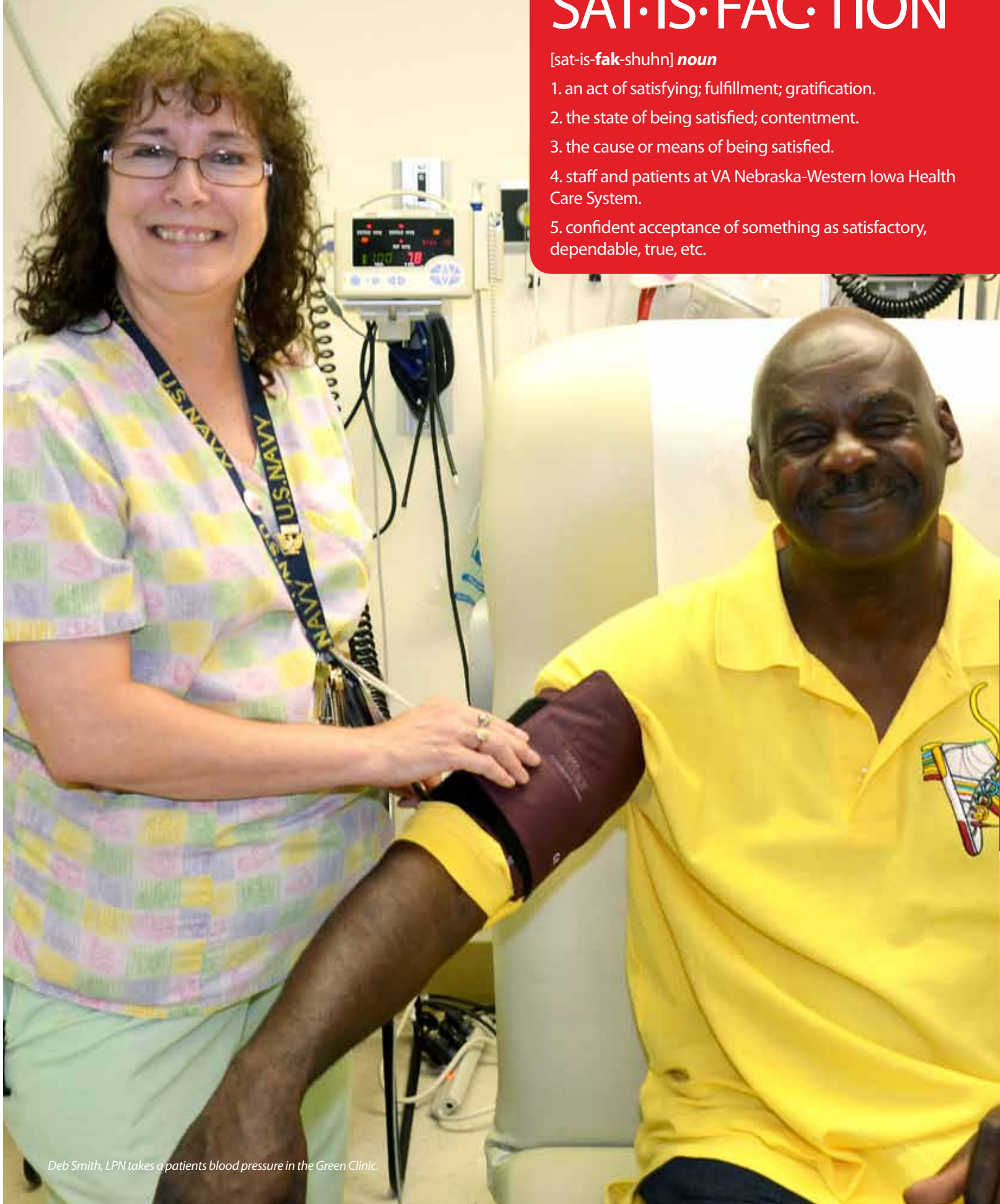
Bottom Photo: Darren Parks, RN, BSN; Tammy Bockman, RN, BSN, MHA; Karl Samuelson, RN, BSN, MBA; Suzette Rolland, Student; Kat Hirsch, RN, BSN listen to a presentation about inpatient room setup.

The hospital plans consist of six floors, one of which is partially below-grade but exposed to the east side to allow access to natural light and garden areas. A glass atrium, which will serve as the hospital's central spine and visual centerpiece, runs the length of the curved six-story building. The atrium's design will allow for abundant natural light, ease of wayfinding and views of exterior gardens and outdoor space.

SAT·IS·FAC·TION

[sat-is-**fak**-shuhn] **noun**

1. an act of satisfying; fulfillment; gratification.
2. the state of being satisfied; contentment.
3. the cause or means of being satisfied.
4. staff and patients at VA Nebraska-Western Iowa Health Care System.
5. confident acceptance of something as satisfactory, dependable, true, etc.



Deb Smith, LPN takes a patients blood pressure in the Green Clinic.

International Nursing Theorist Visits Omaha VA Medical Center

Dr. Jean Watson, VA NWIHCS' nursing theorist, visited the Omaha facility April 26, 2011. Staff members were given the opportunity to visit with her and attend two 1-hour long presentations that explained her theory and how it can be incorporated into practice.



More than 100 participants attended Dr. Watson's presentations and were rewarded with an insightful message about how to care for patients and each other.

In the evening, a reception was held for nursing community leaders at the Omaha Field Club. Dr. Watson gave a short presentation and visited with area nurse executives, deans, directors and faculty.

The response to Dr. Watson's visit has been positive. Staff are excited about her message of caring. This model fits well into the VA's focus on patient-centered care. In order to keep the forward momentum of this transformational message, the co-directors of the Improvement Capability Grant (Dr. Gale Etherton and Dr. Peggy Gound) are planning to bring Watson's Human Caring Program to Omaha within the next fiscal year. This three day workshop will take place off-site and be offered to a variety of disciplines within the VA.

Top picture: Tysa Ferguson, RN, MSN; Jean Watson, PhD, RN; Kami Willett, RN, BC-MSN; and Lisa Longwell, RN, BSN

Middle Picture: Kathleen Patach-Kellerman, RN, MSN and Jean Watson, PhD, RN

Gale Etherton, MD; Jean Watson, PhD, RN; Shannon Chesire, RN, BSN; Peggy Gound, APRN, DNP; Pat Moffatt, RN, MPA

Patient-Centered Care

The NWIHCS Patient-Centered Care effort initiated improvements resulting in an increase of Veteran's willingness to recommend NWIHCS.

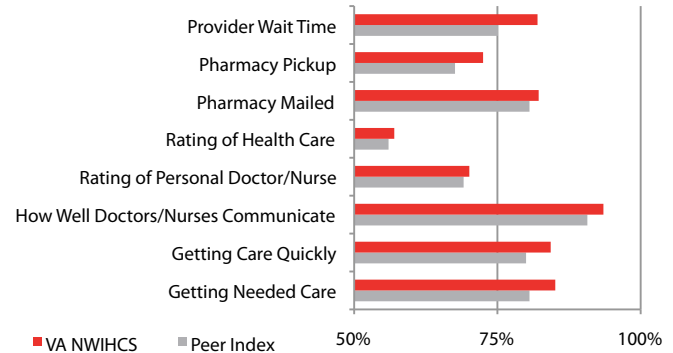
Nursing efforts were at the core of the improvements:

- Magnet Journey
- Unit-Based Council activity
- Patient-Aligned Care Teams (PACT)
- Implementation of Jean Watson's Caring Theory
- Transforming Care At the Bedside (TCAB)
- Initiation of the Planetree Committee

Current Planetree/Patient-Centered Care initiatives include:

- Care and comfort rounding
- Open visiting hours
- Flexible meal choices and preferred times for meal delivery
- Snack baskets for Veterans and family members
- Quiet time on inpatient wards
- Pet therapy
- The greeter program
- Shuttle service
- My HealtheVet
- Complementary and Alternative Therapies

**SHEP Outpatient Dimensions-of-Care
FY11 Oct-July**



Christine Russell, RN, BSN makes a point of holding her patients' hand while talking to them.

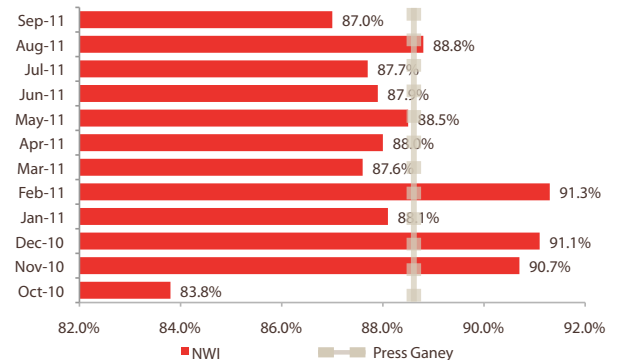
The goals of patient-centered care are the implementation of:

- A philosophy of care whose objective is to personalize, humanize and demystify each health care experience from the patient's perspective and, in so doing, create a healing partnership between the patient and his/her caregivers.
- A model of care delivery committed to enhancing health care from the patient's perspective.
- A model that creates healing environments in which patients can be active participants.
- Caregivers that are empowered to do what is right for the patient.

**SHEP Inpatient Dimensions-of-Care
FY11 Oct-July**



**VA NWIHCS Overall
Inpatient Satisfaction with Nursing
Compared to Press Ganey Scores FY11**



Nursing Shared Governance

Nursing Shared Governance at VA NWIHCS in Omaha celebrates its first anniversary.

Refreshments were served at the first anniversary celebration and a video produced by the Nursing Education Department and Media Productions was shown, which highlighted aspects of Nursing Shared Governance's inaugural year.

Highlights From the Core Councils:

Professional Development Council implemented the following Spirit of Magnet Awards:

- New Knowledge Award
- Interdisciplinary Care Award
- Exemplary Professional Practice Award
- Structural Empowerment Award
- Updated and approved all RN and LPN Functional Statements
- Championed Nursing Certification

Research and Evidence-Based Practice Council implemented a Journal Club and awarded EBP/Research Nursing Fellowship

Management Council assigned line items of the 2011-2012 Nursing Strategic Plan to Councils for oversight.

- Reviewed nursing budget expenditures
- Reviewed nursing equipment request lists
- Oversaw implementation of the Nursing Staffing Directive

Coordinating Council oversaw structure and function of Share Governance Model.

Performance Improvement Council implemented a new electronic incident reporting system, which is easier to use, allows for better collection of data with follow-up viewable data.

Practice Council:

- Oversaw nursing documentation changes to the electronic patient record
- Approved nursing policies and procedures
- Addressed various nursing practice issues (e.g., nebulize treatments)

Examples of UBC Goals and Activities for 2011

- Education of nursing staff on the Professional Practice Model
- Presented an education series for staff:
 - Empowerment
 - Community outreach
 - Involvement in hospital-wide committees
- Implemented/trained staff to perform transvaginal ultrasounds in Ambulatory Care
- Work group looked at reasons for "no show" clinics visits and implemented steps to improve these missed opportunities
- Posted "certification question of the week" electronically to all nursing staff
- Participated in multiple community outreach projects

Research and Evidence-Based Practice Activities

This has been an exciting year for nursing filled with learning, dissemination of work, and staff interactions among themselves and the community.

In April, Dr. Jean Watson, NWIHCS's nursing theorist, came to our facility and presented to our staff. She also awarded the first two Nursing Research/EBP Fellowship awards to Debra Braun RN, BSN and Robert Laws, RN, BSN. Three new Nursing Research Fellows were named. They are Kathleen Patach-Kellerman, RN, MSN, Thomas Onsott, RN, BSN and Kat Hirsch, RN, BSN

On May 6, 2011, twenty-one VA nurses attended the 22nd Annual Research Day at Creighton University. NWI is a co-sponsor of this event. The day included a presentation from Mary Salter, DNP, ARNP, NP-C. There were also three poster presentations from VA nursing staff members Mary Jo Bade, RN, MSN, Kami Willett, RN, MSN, Tysa Ferguson RN, MSN and Peggy Gound, APRN-BC, DNP. An article developed by Mary Salter was published in the July 2011 issue of the American Journal of Surgery, titled "Bariatric Surgery Using a Network of teleconferencing to Serve Remote Patients in the Veterans Administration Health Care System: Feasibility and Results."

In May, nurses also participated in the VA Research Week and displayed three posters by Mary Salter, DNP, ARNP, NP-C, Robert Laws, RN, BSN, Kami Willett, RN, MSN, Tysa Ferguson, RN, MSN and Peggy Gound, APRN-BC, DNP. Nursing also contributes to the ongoing efforts of the Research Department.

Two research projects by nurses are underway and five are expected to go through IRB in the next several months. Six EBP projects have either been completed or are in progress this year. Research/EBP classes were held in June for nursing staff to promote future participation in research/EBP activities.

An online Nursing Journal Club recently started. It is an opportunity for discourse among nurses and to learn how to critique literature. Three area professors from Creighton University and the University of Nebraska Medical Center lead the discussions.



Top Photo: Debra Braun RN, BSN (right) receives one of the first Nursing Research/EBP Fellowship award from Dr. Jean Watson.

Middle Photo: Dr. Jean Watson (left) presented Robert Laws, RN, BSN (middle) with one of the first Nursing Research/EBP Fellowship award during her visit in April.

Bottom Photo: Kathleen Patach-Kellerman, RN, MSN; Mary Jo Bade, RN-BC, BSN, BSBA; and Valerie Cook, RN, MSN deliver UBC books.

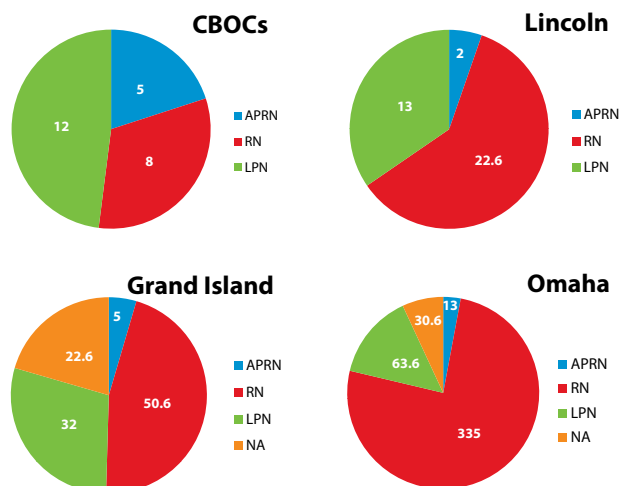
Nursing Recruitment and Retention Committee

The nursing Recruitment and Retention (R&R) committee used Strenth Finders® to determine the committee's direction. The R&R committee formed focus groups to change its structure from planning nurses' week to encouraging transformational leadership, improving nursing satisfaction, and investigating future recruitment trends such as social media. Meaningful recognition of nurses will continue to be emphasized by the R&R committee during 2011, and beyond. Nine months each year a formal award will be presented to an outstanding nurse. These awards are provided by the Professional Development Council and the Recruitment and Retention Committee to nurses who promote excellent Veteran care and demonstrate the NWI Way.

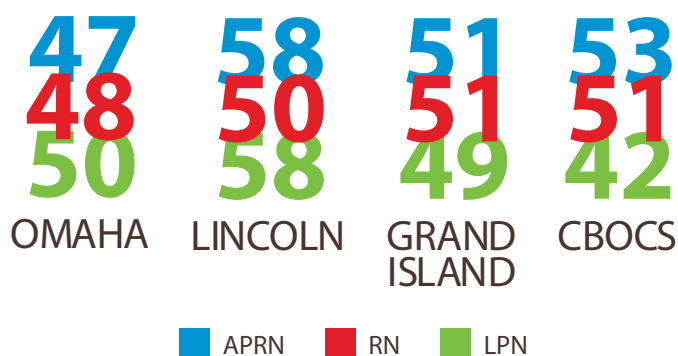
Another activity of the Recruitment and Retention Committee for FY11 was the distribution of recognition toolkits to nurse managers. The toolkits contained items to be used to thank and award nursing staff for their accomplishments. Frequent bake sales were held for fund-raising for purchasing of plaques for Nurse Excellence awards and of pins to award nursing staff for their years of service to the VA, and for maintenance of the DAISY recognition program. The R & R Committee also encouraged more nursing leadership visibility in the patient care areas.

Turnover rate for RNs: Omaha—1.42 percent; Lincoln—4.07 percent, Grand Island—0 percent, CBOC—0 percent. For LPNs, all sites reported a 0 percent turnover rate.

Nursing Staff Per Site



Average Age of Licensed Staff



2011 Office of Nursing Services Innovations Awards

The NWIHCS community-based outpatient clinics (CBOC) under the direction of Jan Youngblood received one of the Top 10, 2011 Office of Nursing Services Innovations Awards. The theme was "Achieving Patient-Driven Care through Highly Functioning Teams." The CBOC submission, "Improving Rural Veteran Access to Specialty Care: Nebraska-Western Iowa CBOC Telehealth Expansion," was submitted by Jan Youngblood, RN, MPH, APRN. Other team members included: Lea Anne Ottis RN; Linda Mattson RN; Connie Bloomquist RN; Joyce Smay RN; Alan Brummel RN; Dr. Ahsan Naseem; Terry Dozler; Steve Fogerty; James Prucha; Roger Van Epps; Danielle Wheelden; and Michelle Coyle.

From left: Alan Brummel, RN—Bellevue CBOC; Jan Youngblood, ARNP—CBOC Manager; Lea Anne Ottis, RN—North Platte CBOC; Joyce Portz, RN—Shenandoah CBOC; Connie Bloomquist, RN—Norfolk CBOC; and Linda Mattson, RN—Holdrege CBOC.



DAISY Award for Extraordinary Nurses

The DAISY Foundation was formed in January 2000, in memory of J. Patrick Barnes who died of complications of Idiopathic Thrombocytopenic Purpura (ITP).

DAISY Award, an acronym for Diseases Attacking the Immune System, was created in 2001 by Barnes family members, who wanted to recognize the nurses who cared for Patrick.

Bonnie Barnes, Patrick's mother, states nurses are "deserving of our society's profound respect and recognition for the education, training, brainpower, and skill they put into their work, not to mention the caring with which they deliver their care."

Congratulations to Kelly Marsh Hogue, RN, MS; Rosa Christian, NA; Ellen Rosser, RN and Sue Needham, RN, for being DAISY recipients over the last year. Congratulations to all of the nominees. Twelve to 25 nominations have been received each quarter. These nominations show the compassion and care demonstrated by nurses who provide care to Veterans.

Daisy Award Winner for FY11– Sue Needham, RN Charge ICU-- is the spouse of a Daisy winner from the Nebraska Medical Center. It is exciting to have a "Daisy Couple" from two different hospitals in Omaha, Nebraska.

"Rosa has gone over and beyond our expectations while my husband was in the ICU. She has so much care and compassion. She went out of her way everyday to see if we needed anything and if we didn't have it, she made sure we got it. Rosa is an amazing woman and made us feel like family."

-Veteran Comment from DAISY Nomination Form



Top Photo: Eileen Kingston, RN, MPA and Kelly Marsh Hogue, RN, MS.

Top Middle Photo: Rosa Christian, NA

Lower Middle Photo: Ellen Rosser, RN and Eileen Kingston, RN, NEA-BC, MPA.

Bottom Photo: Sue Needham, RN; Anna Needham (daughter), Lenox Haynes (grandson), Dan Needham (Husband, Daisy recipient at Nebraska Medical Center, Omaha, Nebraska), and Laura Needham (daughter).

Spirit of Magnet Awards

Spirit of Magnet Awards were presented to two outstanding nurses.



Robert Laws, RN, BSN won the New Knowledge, Innovations, and Improvements Award in June 2011. Robert is a registered nurse who understands strong leadership, empowered professionals, and exemplary practice are essential building blocks for excellent nursing practice.

He embodies an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements. Robert, a U.S. Air Force Veterans works in the Dialysis Center, has been employed at the Omaha VA Medical Center for four years. He is currently pursuing a master's degree in nursing education.

Jean Hamilton, RN, won the Interdisciplinary Care Award in August 2011. Jean has assumed leadership roles in interdisciplinary collaboration and ensures the participation of nurses at all levels in interdisciplinary activities to develop policy and standards of care.



She uses interdisciplinary collaboration to enhance the continuous quality and process improvement and to ensure information systems and technology used for clinical care monitoring, documentation and communication are integrated and evaluated. Jean is a Nurse Discharge Planner, and has been at the Omaha VA Medical Center for 29 years.

Nursing Excellence Awards

The Nurse Excellence Award annually honors one registered nurse (RN) in a staff nurse role and one in a non-staff nurse role (i.e., advanced practice nurse, nurse manager, instructor etc.), a licensed practical nurse (LPN), and a nursing assistant (NA) actively engaged in the care of patients at a VA facility.

The recipients' contributions to the care of patients in the VA health care setting are patient-centered and demonstrate such excellence as to merit recognition from peers.



*Marietta Hofferberger, RN
Grand Island*



*Nancy Etherton, LPN
Grand Island*



*Laura Mader, RN
Grand Island*



*Dennis Miller, RN, BSN
Omaha*



*Jean Brady, RN, BSN accepting for
daughter Shanna Freeman, APRN
Omaha*



*Lois Johnson, LPN
Omaha*



*Jessica Lett, NA
Omaha*

Nursing Certification Leads the Way to Excellence

Nursing Certification is a national and formal recognition of skills, knowledge and experience in a specific area. Nurses who are certified are experts in their area of practice. These nurses always look to use evidence-based practice to promote the best outcomes for their patients.

Grand Island

Sheryl Aldridge, RN, WCC
Jan Amundson, APRN-NP
Kathy Bartley, RN, WCC
Jane Cote, RN-BC
Rita Czaplewski, RN, CIC, BSN
Alice Gloyne, CRNI, BSN
Sherry Hopkins, RN-BC
Judith C. Johnson, RN-BC
Vivienne Johnson, CHPCNA
Karen Kulp, APRN-BC, MS
Margaret Morris, RN, CDE
Kathy Sewell, RN, WCC
Cindy Siebke, RN-BC, CRNI
Judy Sinner, RN, WCC
Debra Stearley, RN-BC

Lincoln

Linda Adams, RN-BC, CDE
Nicole Cockerill, RN-BC, BSN
Carol Hinkle, APRN-NP, MSN
Carol Knapp-Sutter, RN, WCC
Pamela M. Neujahr, RN-BC
Indra Peters, APRN-NP
Katie Sindelar, RN, CDE
Cay Tiernan, RN, CEN, LNCC

North Platte

Lea Anne Ottis, RN-BC, BSN, MHAL
Renee Sullivan, APRN-NP, MSN

Omaha

Marcilee Albert, APRN-CNS, BC, MSN
Dirk Applegate, RN, WCC, BSN
Mary Jo Bade, RN-BC, BSN, BSBA
Michelle Blackman, APRN-NP, MSN
Amy Boyle, RN, CNOR, BSN
Deb Braun, RN, WOCN, BSN
Eileen Broick, RN, CNOR, MSN
Lyle Burkle, APRN-CNS, CARN, MSN
Beth Cecil, APRN-BC, WCC, MSN
Sonja Cross, RN, CEN, CPEN
Rosemary Deane, RN-VA-BC
Christine DeMasi, APRN-NP, BC, MSN
Holly DeSpiegelaere, RN, CCRC, BSN
Glenda Ege, RN-BC
Danilia Gabel, RN-BC, BSN
Debbie Geibel, APRN-NP, BC, CCRN, MSN
Deb Gerdes, RN-BC
Virginia Gonzales, RN-BC
Peggy Gound, APRN-NP, DNP
Amber Graham, Surgical Technician
Michelle Hagenson, RN-BC, BSN
Chris Hawes, RN-BC

The American Nurses Credentialing Center (ANCC) is the largest credentialing organization in the United States. ANCC's certification program validates nurses' knowledge and abilities. ANCC board certification empowers nurses within their professional sphere of activity and contributes to improved patient outcomes.

Omaha Continued

Virginia Helget, RN, CIC, MSN
Christy Hobbs, RN-BC
Karen Hollinger, APRN-NP, BC, WOCN, MSN
Suzanne Huerta, RN-BC
Suzanne Hurt, RN-BC
Emily Johnson, RN-BC
Crystal Keele-Zimmerman, RN-BC, WCC, MSN
Ed Kerrigan, RN-BC, BSN
Eileen Kingston, RN, NEA-BC, MPA
Mary Kline, APRN-NP, MSN
Claire Korolchuk, RN, CDE
Kellyn Kramolisch, CCRN, BSN
Carrie Kubicek, RN, ONC, BSN
Dawn Larsen, RN, CDE
Ellen Lloyd, RN-BC, BSN
Maria Long, RN, WCC
Nancy McCabe, RN, CNOR, MSN
Kim McComb-Meisinger, RN, NE-BC, MSN
Mary Minturn, RN-BC
Rick Missell, RN, NE-BC, MSN, FACHE
Aaron Moore, RN, BC, BSN
Elizabeth Murphy-Blake, APRN-NP
Sue Needham, RN-VA-BC
Dale Newman, RN, CNOR, BSN
Chris Olsen, CCRN, BSN
Amy Olson, CCRN, BSN
Amy Onstott, CCRN, BSN
Tony Onstott, CCRN, BSN
Howard Phillippi, RN, WCC, BSN
Ellen Piskac, RN, CNE, EdD
Loretta Pierce, RN, CNE, MSN
Kathleen Popelka, APRN-NP, DNS
Teresa Rainey, RN, OCN, BSN
Catherine Ravenstahl, APRN-NP, MSN
Alice Renken, RN-VA-BC
Rebecca Rohe, RN, CNOR, BSN
Ellen Rosser, RN-BC
Lesley Royal, RN, CDE, MSN
Mary Salter, APRN-NP, BC, DNP
Greg Schmit, RN-BC, BSN
Georgia Seevers, CCRN
Patsy Silvey, RN-BC
Mary Smith, RN, WCC, MSN
Paula Smith, RN, CNOR, MSN
Jenne Stack, RN-BC
Len Stodden, RN, CNOR, BSN
Julie Sundermann, APRN-NP, CCRN, MSN
Sharon Thomas, RN-BC
Laura Whale, CCRN, BSN
Kami Willett, RN, BC, MSN
Jillian Witte, RN, CCRP, MSN

SHENANDOAH

Joyce Smay, RN-BC, BSN

Positive Images of Nursing Award



The Nebraska Nurses Association, District 2 honored 43 Omaha-area nurses, 15 of which were VA nurses, at its annual recognition brunch at the Georgetowne Club on Saturday, April 30, 2011. Nominated by peers and managers, nurses were honored for presenting a Positive Image of Nursing.

Pictured from left to right, front row: Kelly Marsh Hogue, RN, MS; Pam Stanek, RN, MSN Crystal Keele-Zimmerman, RN, MSN; Kathlene Sievers, RN, BSN; Lorraine Vanega, RN, BSN.

Back row: Stephanie Brennan, RN, BSN; Mike Ruckman, RN; Dennis Miller, RN, BSN; Jillian Witte, RN, MSN; Christy Hobbs, RN; Tysa Ferguson, RN, MSN; and Mike Hurtado, RN, BSN.

Not pictured: Carrie Henderson, RN, BSN; Candy Hoaby, RN, MSN; and Deb Scott, RN, BSN.

March of Dimes Award

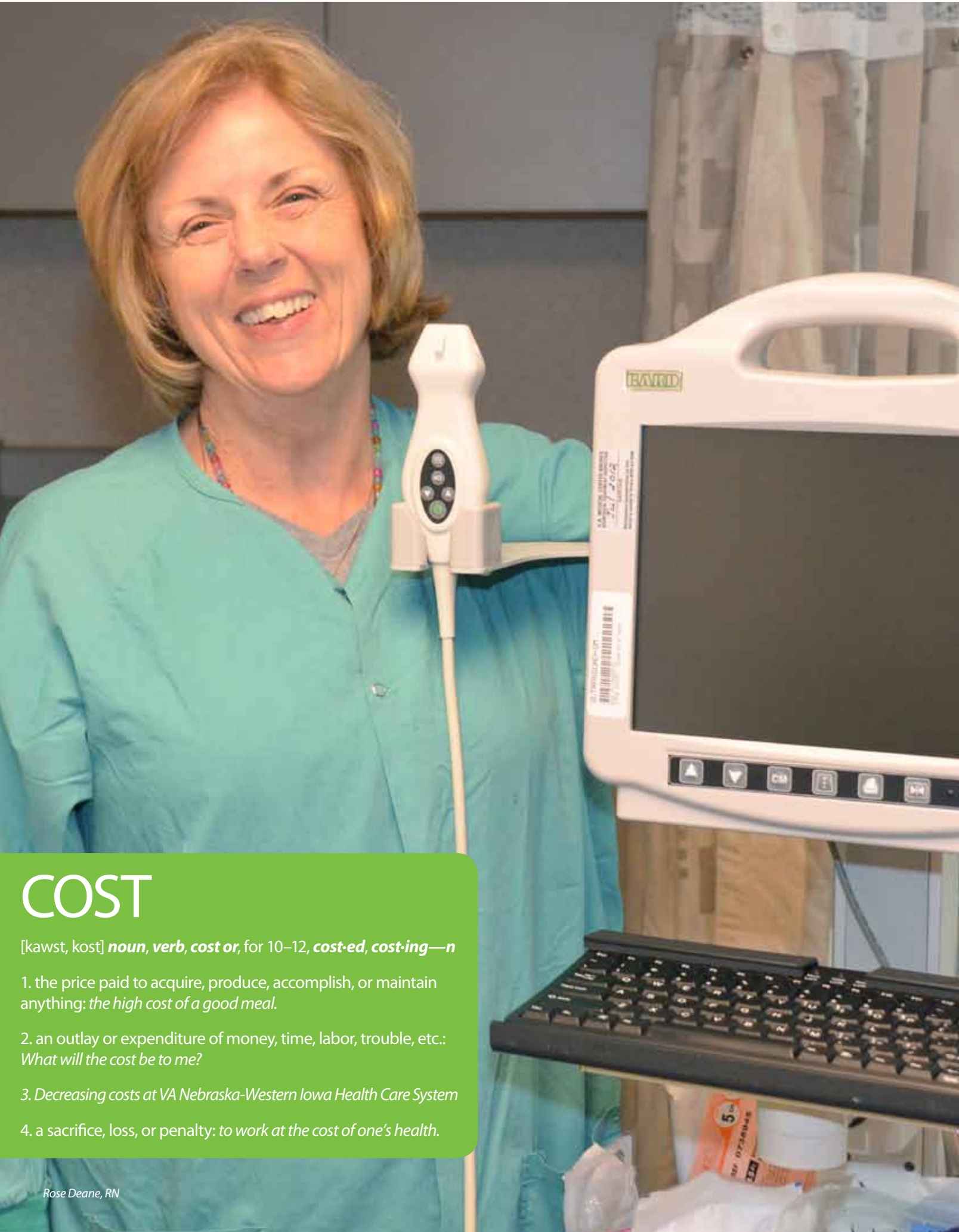


Greg Schmit, RN, BSN; Valerie Cook, RN, MSN; Sue Needham, RN; and Dean Degner, RN, MSN were the nominees from VA NWIHCS for the 2010 Excellence in Nursing Awards presented by the March of Dimes.

From its inception in the 1930's, the March of Dimes has understood the valuable role nurses play within the health care system. Excellent nurses bring a level of caring and clinical expertise that transforms lives, improve outcomes and elevates the nursing profession. March of Dimes continues to acknowledge the importance of nursing through educational opportunities and the yearly recognition of nursing.

Four VA nurses were nominated for the 2010 Excellence in Nursing Awards. A total of 120 nurses across Nebraska were also nominated. A dinner celebration and recognition ceremony was held at the Qwest Center on October 21, 2010.

Sue Needham, RN received the 2010 Excellence in Nursing Award from the March of Dimes, Nebraska Chapter on October 21, 2010.



COST

[kawst, kost] **noun, verb, cost or**, for 10–12, **cost-ed, cost-ing—n**

1. the price paid to acquire, produce, accomplish, or maintain anything: *the high cost of a good meal.*
2. an outlay or expenditure of money, time, labor, trouble, etc.: *What will the cost be to me?*
3. *Decreasing costs at VA Nebraska-Western Iowa Health Care System*
4. a sacrifice, loss, or penalty: *to work at the cost of one's health.*

Annual Competency Training

Nurses on the Cutting Edge of Technology

Annual Clinical Core competencies were conducted at VA NWIHCS for a total of 405 hours over the 54 scheduled days. Staff were scheduled for a dedicated eight hour day to complete clinical competencies and Talent Management System (TMS) training. Two hundred fifty eight individuals completed competencies. Sixty-one individuals were Licensed Practical Nurses or Nursing Assistants and the remaining 195 were Registered Nurses.

Competencies and training at VA NWIHCS:

- Lift/Transfer Equipment Training – Med Sled and Evacuation Chair
- TMS Annual Training
- Accu-Chek Blood Glucose Management
- National Database of Nursing Quality Indicators (NDNQI) Pressure Ulcer Training
- Braden Scale Training

Competencies and training conducted at the Sorrell Center:

- Simulation Scenario – Comprehensive Critical Thinking and Seizures
- Tracheostomy Management
- Arterial Blood Gas (ABG) Interpretation

Skill stations:

- Methicillin Resistant *Staphylococcus Aureus* (MRSA) swab
- Central line dressing change
- Dislodged tracheostomies
- Arterial blood gas (ABG) interpretation
- Infection prevention
- Pressure ulcers
- Emergency Severity Index System
- Managing hypoglycemia
- Mock cardiopulmonary resuscitation and documentation station

Informative presentations:

- Identification and management of transfusion reaction
- Skin management
- Infection prevention
- Cardiopulmonary resuscitation
- Diabetic foot assessment
- Medication disposal



405 HOURS dedicated to annual competency training.

54 DAYS scheduled to complete competency training.

258 NURSES completed annual competency training.

Jodie Sherman, RN, BSN (left) is tested by Tysa Ferguson, RN, MSN during a competency training exercise using a simulator manikin. Over 405 hours of annual training was performed at the Sorrell Center and at VA NWIHCS.

Advanced Degrees for Registered Nurses

The National Nursing Education Initiative (NNEI) is used to support RN's attainment of higher degrees.

RN's pursuing an advanced degree using NNEI scholarship funding:

Dirk Applegate, RN, BSN	Shawna Manning, RN, BSN
Deb Braun, RN, BSN	Aaron Moore, RN, BSN
Michelle Hagenson, RN	Pam Neujahr, RN, BSN
Suzanne Hale, RN	Shelly Retikis, RN BSN
Amanda Hjorth, RN	Deb Shimerdla, RN, BSN
Lavonne Johnson, APRN	Scott Smith, RN, BSN
Robert Laws, RN, BSN	Kathleen Hirsch, RN, BSN
Lisa Longwell, RN, BSN	Jenne Stack, RN

RN's who have completed their degree using NNEI/VANEPP/EISP scholarship and are in service obligation to VHA:

Michelle Danner, RN, BSN	Misty Roomsburg, RN, BSN
Jacqueline Hedrick, RN, MSN	Maxeen Smith, RN, BSN
Gail Beaudry-Heuton, RN, BSN	Deborah O'Reilly, RN, BSN
Kathleen Patach-Kellerman, RN, MSN	Dyanne Medlock, RN, BSN
Eileen Keenan, RN, MSN, MFS	Maria Long, RN, BSN
Chris Olsen, RN, BSN	Dawn Frizell, RN, BSN
Gayle Reyes, RN, BSN	

Other nurses who have completed degrees:

Mary Jo Bade, RN, BSBA, MSN	Kim Labedz, RN, MSN
Lynn Croghan, RN, MSN	Nancy Long, RN, BSN
Tysa Ferguson, RN, MSN	Heather Molczyk, RN, BSN
Danilia Gabel, RN, MSN	Jan Newingham, RN, BSN
Barb Johnson, RN, BS	Paula Smith, RN, MSN
Candice Kaiser, RN, BHA	



At right: Stefano Brooks, LPN takes a patients blood pressure at the Lincoln CBOC.

2011 Nursing Educational Needs Assessment Results

One hundred twenty nurses responded to the online Nursing Educational Needs Assessment. Based on the results, the Nursing Professional Development Council and Nursing Education have developed an ongoing plan of action to meet the education needs and requests of nurses.

What nursing educational offering would you like to attend?

Evidence-based practices	60%
Clinical practice issues on my unit	46%
Ethical issues in clinical practice	42%
Quality improvement	38%
Leadership	36%
Professional standards of practice and performance	33%
Research—how to apply findings to practice	31%
Nebraska Nurse Practice Act	29%
Data and information analysis	24%
Research—how to read and understand	23%
Cultural competence	20%
Regulatory requirements	18%
Research—how to conduct	18%
ANA Bill of Rights for Nurses	15%
Patient privacy, security and confidentiality	13%

Rank in order of your preference how you feel about the length and location of educational offerings:

(1 being most preferred and 6 being least preferred)

Attending all-day educational offerings at my work site	1 st
Attending partial-day educational offerings at my work site	2 nd
Attending all-day, off-site educational offerings	3 rd
Completing on-line educational offerings	4 th
Completing DVD/self-study educational offerings	5 th
Attending educational offerings via video conference	6 th

What time do you prefer educational activities to take place?

Morning	1 st
Afternoon	2 nd
Self-schedule/self-study	3 rd
Evening	4 th
Weekends	5 th

Nursing Education Accomplishments

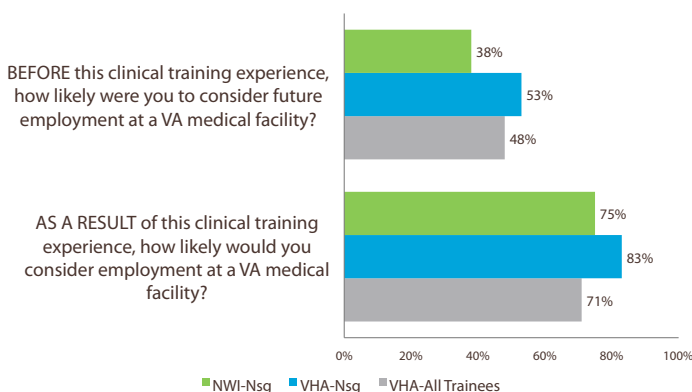
- Annual Clinical Core Competencies and TMS training were scheduled. Annual Clinical Course Competencies were completed by 258 nurses.
- Lift/Transfer Equipment Training – Med Sled and Evacuation Chair training was done.
- Six Nursing Preceptor Development Workshops were held
- EKG Basic Dysrhythmia Interpretation classes were ongoing throughout the year
- Evidence-Based Practice classes were offered
- Three presentations on workplace violence were offered entitled: Identifying and Dealing with Aggressive People, Improving the Culture of Patient Safety, and Strengthening Nurse-to-Nurse Relationships: A Guide to Ending Horizontal Violence.
- Nursing Education collaborated with Cardiac Catheter Laboratory on the presentation "Porcine Heart Dissection" for nursing contact hours
- Nursing Education staff taught several sessions of the "Treating Others with Care" class
- SoapBox inservices were presented on various topics: EKG, extravasations, pulse oximetry, trach care, chest tubes, cleaning of reusable medical equipment, epidural, blood transfusion reactions, computer trouble shooting



Dai Minh Nguyen, nursing student from Clarkson College talks to a patient on 7E during rounds. Nursing education staff oriented 336 students to NWIHCS' computer charting and to the VA.

- Collaborated with Dialysis and Cath Lab to present on Percutaneous Coronary Intervention, and Care of the Dialysis patients.
- Nursing Orientation
 - Twenty one nursing orientation sessions were held.
 - Forty Five RNs, LPNs, and CNAs completed nursing orientation.
 - Nursing Students Coordination and Orientation
- Affiliation was established for clinical opportunities, and orientation to VA NWIHCS and its computer charting was completed by the Nursing Education staff for 336 nursing students from these nursing programs:
 - Clarkson College
 - Creighton University
 - Midland Lutheran College
 - Nebraska Methodist College
 - University of Nebraska Medical Center

Learners' Perceptions Survey Field Results



Nursing students increase their likelihood of working at NWI after completing a clinical experience.

Utilization Management and Bed Coordination

Improving communication and flow within VA Nebraska-Western Iowa Health Care System

Patient Flow

Patient Flow staff produced a Flow Score Card with information on length of stay and readmission. The patient flow staff is working to improve patient satisfaction, focusing on discharge planning.

The patient flow staff is planning a focus group to look at COPD and work on processes to decrease admissions, smoking and ED visits.

Bed Coordination

The Bed Coordinators share an office with the Patient Care Coordinators on ninth floor. This move improved communication about patient placement related to staffing on patient care areas. Bed coordinators have been working with the Bed Management System (BMS). The BMS, a computer program, allows staff to view the patient census on all units in real-time.



Alex Kohls, RN, BSN, Bed Coordinator has moved to the ninth floor. This move allows for better communication with the Patient Care Coordinators and better outcomes for patients.

Nurses at VA NWIHCS Give Generously

Blood Drives at NWIHCS

Employees at the VA are not afraid to give of themselves. This past year NWIHCS hosted 13 blood drives. We were able to collect a total of 228 units and over 50 percent of the units donated were O positive which is the blood type most needed.

A total of 31 nurses participated in these drives, some donating several times throughout the year. Thanks to everyone who took time out of their busy schedules to help someone else in need. Many drives are scheduled for 2012, and we are hoping to have record breaking numbers.

Clothing Drive for Veterans

The Professional Development Council successfully started and maintained a clothing drive for homeless Veterans. Collection boxes were placed throughout the Omaha facility. Each quarter a new group of items was collected: socks and underwear, toiletry items, sweatshirts and pants. Donations were divided between Psychiatry and the Emergency Department to give to Veterans in need.



“I would like to thank everyone I came in contact with. There is no way I could single anyone out since everyone was so wonderfully helpful!”

-Veteran Comment

National Veterans Training, Exposure, Experience Tournament

NWIHCS Nurses volunteer their time to help in this national event

The 18th National Veterans Training, Exposure, Experience (TEE) Tournament was held from September 13 through September 16 in Iowa City, IA. This national event provides legally blind and eligible disabled Veterans an opportunity to develop new skills and strengthen their self-esteem through adaptive golf and bowling events. Each year, the TEE Tournament uses a therapeutic format to promote rehabilitation, fellowship and camaraderie among participants.

Since the first event held in Nauvoo, Illinois at the Great River Bend Golf Course in 1994, the TEE Tournament has grown from 36 visually impaired Veterans to more than 218 participants this year. It has expanded to include not only visually impaired Veterans, but those with other disabilities.

Veterans travelled from over 30 states to participate. There were 15 women participants. The oldest participant was 94 years old and the youngest was 22. Other activities

held during the competition included: bowling; kayaking; pitching horseshoes and horseback riding.

This four day event is an exciting time of friendly competition and one that has those who participate or volunteer returning every year.



Jean Butler, MSW (left) and Eileen Keenan, RN, MSN, MFS volunteered in the 18th National Veterans TEE Tournament. The event was held in Iowa City, IA.

Omaha Metropolitan Medical Response System

Nurses from the Omaha VA Medical Center participated in the Omaha Metropolitan Medical Response System (OMMRS) Program in 2011. This program provides support to the local area (Douglas, Sarpy, Washington, Dodge and Saunders counties in Nebraska, and Pottawattamie and Harrison counties in Iowa), and supports partnerships that bring together a variety of emergency preparedness and emergency management systems.

The nurses demonstrated the use of the Stryker® Evacuation Chair for removing physically compromised persons safely down stairs and away from a disaster area. The Omaha VA Medical Center has 15 of the evacuation chairs that are stationed throughout the facility. Two-hundred fifty-eight nursing staff at the Omaha VA were instructed on the use of the Evacuation Chairs this summer. Training on use of this device is planned at the Grand Island CLC in 2012.

“I had to have an outpatient surgical procedure done and I felt it necessary to contact someone at your facility and let you know how impressed I was with the friendliness, caring and professionalism of everyone I encountered at the Omaha hospital during my brief stay. I can't tell you how much I appreciated the feeling of being treated by such competent professionals. It is obvious that the VA Hospital in Omaha has been very proactive over the years in providing and improving upon the services offered by the staff, doctors, nurses, etc...and as a Veteran I have never felt in better hands.”

-Veteran Comment





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